

AGREEMENT TO MEDIATE CONFIRMATION

[NOTE TO MEDIATOR: Although sent on your letterhead, this Agreement to Mediate must be duplicated exactly as written here. Areas to be customized for the mediation are in bold. Note that you must fill in your hourly rate on page two, not to exceed \$150.00 per hour.]

DATE

[PARTY A: Name & Mailing Address]

[PARTY B: Name & Mailing Address]

**RE: (Petitioner) and (Respondent)
Contra Costa County Bar Association Attorney Fee Dispute Program**

Dear Parties:

Thank you for agreeing to mediate your dispute under the Contra Costa County Bar Association's Fee Mediation Program. I will be your mediator.

As agreed, the date, time and place for the mediation are as follows:

DATE:

TIME:

PLACE:

TELEPHONE:

Four hours have been set aside for the mediation conference.

As a mediator, I am a neutral facilitator whose objective is to assist each of you in exploring your own interests, understanding the perspective of the other, and, if possible, reaching an agreement that you consider satisfactory. I will not act as advocate for any party and will not decide any issue or make any rulings in this case.

You are welcome to bring an attorney or other advisor to the mediation. Every person whose agreement is necessary to settle this matter must be present.

Many parties can reach settlement in the four pro-bono hours scheduled for this session. If you elect to continue beyond the initial four hours, I may extend the initial session, schedule an additional meeting, or arrange to work with you over the phone. I will bill you \$____.00 **[NOTE: NOT TO EXCEED \$150.00]** per hour for those additional hours, which will be split equally between you unless you agree otherwise.

You may each send me a brief summary of the dispute at least five days prior to the mediation. Please limit the summary to three pages. If you send me a summary, please send a copy to the other parties at the same time. Please feel free to bring to the mediation any supporting documents or other materials that you feel will aid you in explaining or clarifying your position.

Upon my assignment, the Contra Costa County Bar Association provided me with a copy of the "Agreement to Mediate" signed by all parties to this matter which is required by the State Bar of California and includes sections from the California Evidence Code applying to mediation on the reverse side. The original is on file at their office. Since you have agreed to the terms and conditions of the agreement, please carefully review your copy. If you have any questions concerning any of its contents, please feel free to contact me directly.

In addition, if the parties are unable to resolve the dispute through mediation, the Mediator shall notify the Program in writing and the matter will proceed to arbitration in accordance with the Rules of Arbitration.

[Your closure and signature]